



FEB 29 2012

BY:

B J H

Please type or print in ink.

NAME OF FILER

(LAST)

2012 FEB 29 PM 3:50

(FIRST)

Connie

Conway

M

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: CA Commission on Disability Access

Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/28/12
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY - 34AD

► NAME OF SOURCE

Chukchansi Economic Development Authority

ADDRESS (Business Address Acceptable)

47575 Road 417, Bldg C, Coarsegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 11</u>	<u>\$ 95.35</u>	<u>Dinner</u>
<u>1 / 8 / 11</u>	<u>\$ 105.00</u>	<u>Entertainment</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

The Irvine Company

ADDRESS (Business Address Acceptable)

550 Newport Center Dr., Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 26 / 11</u>	<u>\$ 24.93</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Pacific Coast Building Products, LLC

ADDRESS (Business Address Acceptable)

10600 White Rock Rd., Ste 100, Rancho Cordova

BUSINESS ACTIVITY, IF ANY, OF SOURCE

California, 95741

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 309.00</u>	<u>Kings Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

MedImmune

ADDRESS (Business Address Acceptable)

1301 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 7 / 11</u>	<u>\$ 11.40</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Diageo

ADDRESS (Business Address Acceptable)

1101 38th Street, Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 7 / 11</u>	<u>\$ 8.67</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Poultry Federation

ADDRESS (Business Address Acceptable)

4640 Spyres Way, Ste 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 8 / 11</u>	<u>\$ 19.71</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name CONWAY - 34AD
--

► NAME OF SOURCE
California Rice Commission
 ADDRESS (Business Address Acceptable)
8801 Folsom Blvd., #172, Sacramento, CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 14 / 11</u>	<u>\$ 32.89</u>	<u>Rice Box</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Green Acres Nursery
 ADDRESS (Business Address Acceptable)
901 Galleria Blvd., Roseville, CA 95678
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 16 / 11</u>	<u>\$ 40.00</u>	<u>Tree</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Cattlemen's Association
 ADDRESS (Business Address Acceptable)
1221 H Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 11</u>	<u>\$ 45.00</u>	<u>Breakfast/ Hat</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Napa Valley Vintners
 ADDRESS (Business Address Acceptable)
PO Box 141, St. Helena, CA 94574
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 5 / 11</u>	<u>\$ 13.13</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Citrus Mutual
 ADDRESS (Business Address Acceptable)
512 North Kaweah Ave., Exeter, CA 93221
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 26 / 11</u>	<u>\$ 78.95</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Automatic Vendors Council
 ADDRESS (Business Address Acceptable)
80 S Lake Ave., Ste 538, Pasadena, CA 91101
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 1 / 11</u>	<u>\$ 20.00</u>	<u>Gift Bag of Snacks</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY - 34AD

► NAME OF SOURCE

Hearst Corporation

ADDRESS (Business Address Acceptable)

5 Third St., #200, San Francisco, CA 94130

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 19 / 11	\$ 39.30	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Toy Industry Assn inc

ADDRESS (Business Address Acceptable)

1115 Broadway, Suite 400, New York, NY 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 8 / 11	\$ 2.00	Gift Bag
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Edison International

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave., Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 9 / 11	\$ 28.43	Lunch
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pechanga Band of Luiseno Mission Indians

ADDRESS (Business Address Acceptable)

PO Box 1477, Temecula, CA 92593

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 10 / 11	\$ 13.36	Breakfast
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)

1095 Barona Road, Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 11 / 11	\$ 69.60	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Molycorp Rare Earth Minerals

ADDRESS (Business Address Acceptable)

67750 Bailey Road, Mountain Pass, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 20 / 11	\$ 11.95	Lunch
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY 34AD

► NAME OF SOURCE

Tejon Ranch

ADDRESS (Business Address Acceptable)

PO Box 1000, Lebec, CA 93243

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 11	\$ 62.95	Lunch/Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Roll Global LLC & Affiliates

ADDRESS (Business Address Acceptable)

11444 W Olympic Blvd., Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 8 / 11	\$ 340.38	Meals/Lodging/Tour
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Bright Source Industries (Isreal), Ltd.

ADDRESS (Business Address Acceptable)

1 Kiryat Mada St., Amot Bldg #6, Jerusalem 91450

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 11	\$ 12.00	lunch during tour
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Grape & Tree Fruit League

ADDRESS (Business Address Acceptable)

978 W. Alluvial, Suite #107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 1 / 11	\$ 15.00	Fresh Fruit
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Kristin Olsen

ADDRESS (Business Address Acceptable)

PO Box 4182, Modesto, CA 95352

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 1 / 11	\$ 4.50	Liberty Tree Flag
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Valadao for Assembly 2010

ADDRESS (Business Address Acceptable)

504 Van Ness Ave., Fresno, CA 93721

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 11	\$ 12.00	Lunch
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name CONWAY 34AD
--

▶ NAME OF SOURCE <u>Tejon Ranch</u> ADDRESS (Business Address Acceptable) <u>PO Box 1000, Lebec, CA 93243</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>10 / 24 / 11</u></td> <td><u>\$ 62.95</u></td> <td><u>Lunch/Dinner</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>10 / 24 / 11</u>	<u>\$ 62.95</u>	<u>Lunch/Dinner</u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u>10 / 24 / 11</u>	<u>\$ 62.95</u>	<u>Lunch/Dinner</u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
▶ NAME OF SOURCE <u>Roll Global LLC & Affiliates</u> ADDRESS (Business Address Acceptable) <u>11444 W Olympic Blvd., Los Angeles, CA 90064</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>11 / 8 / 11</u></td> <td><u>\$ 340.38</u></td> <td><u>Meals/Lodging/Tour</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>11 / 8 / 11</u>	<u>\$ 340.38</u>	<u>Meals/Lodging/Tour</u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u>11 / 8 / 11</u>	<u>\$ 340.38</u>	<u>Meals/Lodging/Tour</u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
▶ NAME OF SOURCE <u>Bright Source Industries (Isreal), Ltd.</u> ADDRESS (Business Address Acceptable) <u>1 Kiryat Mada St., Amot Bldg #6, Jerusalem 91450</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>12 / 18 / 11</u></td> <td><u>\$ 12.00</u></td> <td><u>lunch during tour</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>12 / 18 / 11</u>	<u>\$ 12.00</u>	<u>lunch during tour</u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u>12 / 18 / 11</u>	<u>\$ 12.00</u>	<u>lunch during tour</u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							
<u> / / </u>	<u>\$</u>	<u> </u>																							

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY, CONNIE

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
CA Foundation on the Economy & Environment

ADDRESS (Business Address Acceptable)
Pier 35, Suite 202

CITY AND STATE
San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 03 / 03 / 11 - ____ / ____ / ____ AMT: \$ 416.58
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Water Roundtable Conference/Discussion

► NAME OF SOURCE
Council for Legislative Excellence

ADDRESS (Business Address Acceptable)
2150 River Plaza Dr, Suite 150

CITY AND STATE
Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 04 / 14 / 11 - ____ / ____ / ____ AMT: \$ 124.43
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Texas Economic Development Trip: participated in panels discussions & seminars: Meal

► NAME OF SOURCE
CA Independent Voter Project

ADDRESS (Business Address Acceptable)
101 W. Broadway, Suite 1460

CITY AND STATE
San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 04 / 14 / 11 - ____ / ____ / ____ AMT: \$ 124.43
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Texas Economic Development Trip participated in panels discussions & seminars: Meal

► NAME OF SOURCE
Klamath Alliance for Resource & Environment

ADDRESS (Business Address Acceptable)
P O Box 1234

CITY AND STATE
Yreka, CA 96094

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 05 / 19 / 11 - ____ / ____ / ____ AMT: \$ 288.45
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
19th Annual Woods Tour: Meals/Lodging associated with tour

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY, CONNIE

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Assn. of CA Life & Health Insurance Companies

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1820

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 09 / 21 / 11 - 09 / 23 / 11 AMT: \$ 1355.75
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Annual Roundtable Conference: Travel, Meals,
Lodging associated with participation

► NAME OF SOURCE
California Retailers Association

ADDRESS (Business Address Acceptable)
980 9th Street, #2100

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 11 / 01 / 11 - 11 / 02 / 11 AMT: \$ 364.08
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Public Affairs Conference: Travel, Meals, Lodging
associated with speaking

► NAME OF SOURCE
California Medical Association

ADDRESS (Business Address Acceptable)
1201 J Street, Suite 275

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / 14 / 11 - / / AMT: \$ 221.13
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Annual Bd of Directors Meeting: Lodging expense
associated with speaking/policy discussion

► NAME OF SOURCE
Jewish Federation of Greater Los Angeles

ADDRESS (Business Address Acceptable)
6505 Wilshire Blvd, #1000

CITY AND STATE
Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 12 / 11 / 11 - 12 / 19 / 11 AMT: \$ 5281.94
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
State Assembly Study Tour of Israel**

Comments: ** in connection with public policy meetings with foreign dignitaries and international government relations
- gift limits do not apply pursuant to Govt Code section 89506

☐ **STATE CAPITOL**
P.O. BOX 942849
SACRAMENTO, CA 94249-0034
(916) 319-2034
FAX (916) 319-2134

WEBSITE
www.assembly.ca.gov/Conway

Assembly California Legislature



CONNIE CONWAY
ASSEMBLY REPUBLICAN LEADER
ASSEMBLYMEMBER, THIRTY-FOURTH DISTRICT

☐ **DISTRICT OFFICE**
113 NORTH CHURCH STREET, SUITE 505
VISALIA, CA 93291
(559) 636-3440
FAX (559) 636-4484

March 1, 2012

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

(c)(1)

Connie Conway
Assembly Republican Leader